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**D.C. MEDICAL CARE ADVISORY COMMITTEE**

**Access Subcommittee**

**Access to Health Care Through Technology**

Meeting Minutes

Wednesday, September 9, 2020

District of Columbia Department of Health Care Finance (DHCF)

**Attendees**

* Robert Hay, Jr., Subcommittee Chair; Executive Vice President, Medical Society of DC\*
* Tamara Smith, President and Chief Executive Officer, DC Primary Care Association\*
* Eric Scharf, Depression and Bipolar Support Alliance\*
* Dr. Barbara Bazron, Director, Department of Behavioral Health (DBH)\*
* Mark LeVota, Executive Director, DC Behavioral Health Association\*
* Marsha Lille-Blanton, Senior Advisor, Office of the Director, Department of Behavioral Health (DBH)\*
* Taylor Woods, Special Projects Officer, Health Care Policy and Research Administration (HCPRA), DHCF (Access Subcommittee staff lead)
* Trina Dutta, Director, Strategic Management and Policy Division, DBH
* Maria Alva, Research Professor, Georgetown University
* Claudia Schlosberg, Principal, Castle Hill Consulting
* Nadine Coy, Chief Operating Officer, Health Services for Children with Special Needs (HSCSN)
* Jayesh Srivastava, CareMore Health/ Cityblock Health
* Dr. Pamela Riley, Medical Director, DHCF
* Melissa Susser, LICSW, Iona Senior Services
* Jennifer Joyce, LICSW, Senior Director, Community Connections
* Ambrose Lane Jr., DC Health Care Alliance
* Pete Godwin, Graduate Student Intern, Iona Senior Services
* Nevena Minor, Medicaid Policy Analyst, DBH
* Brian Choi, MD, Chief Medical Information Officer, Division of Cardiology, GW Medical Faculty Associates
* Zenia Sánchez, Partner, Terris, Pravlik & Millian, LLP
* Julia Pruitt, Licensed Clinical Social Worker, Iona Health
* Jordan Kiszla, Project Manager, Health Care Reform and Innovation Administration, DHCF
* Cavella Bishop, Program Manager, Division of Clinician, Pharmacy & Acute Provider Services, Health Care Delivery and Management Administration (HCDMA)
* Serina Kavanaugh, Management Analyst, Division of Children’s Health Services, HCDMA
* Colleen Sonosky, Program Manager, Division of Children’s Health Services, HCMDA
* Debbie Vishnevsky, Management Analyst, HCDMA
* April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA, DHCF
* Ellyon Bell, Special Projects Officer, Division of Rates and Reimbursement and Financial Analysis, DHCF
* Bill Hanna, Special Projects Officer, Office of the Medicaid Director, DHCF

\*MCAC member or designee

**Summary of Meeting**

Robert Hay, Jr., Chair, called the virtual meeting to order at 9:32 AM. The group discussed upcoming topics for the Access Subcommittee over the next year, heard presentations from DHCF on recent actions and technological tools that pertain to access, and heard from stakeholders and providers on how DHCF can increase access to health care through technology.

***Review of Access Subcommittee Topic ideas***

Taylor Woods presented on potential topic ideas for the Access Subcommittee over the next fiscal year. The Subcommittee will meet on the 2nd Wednesday of every other month over the next year. The Subcommittee has drafted the following topics for consideration:

1. Access to Health Care Through Technology (theme of the current meeting)
2. Perinatal Health
3. Monitoring FFS/MCO Transition for Access Issues
4. MCO Marketing Materials Review
5. MCO Network Adequacy

Subcommittee members made suggestions related to the scope of some of these topics. Marsha suggested that the “Monitoring FFS/MCO Transition for Access Issues” topic cover behavioral health. Taylor shared that the timing of the MCO Marketing Materials topic is still uncertain. Claudia wanted to make sure the FFS/MCO transition is being monitored to make sure those receiving community-based supports are receiving support from the MCOs to transition between levels of care smoothly. In addition, Claudia called attention to whether those who are nearing 65 and eligible for MCOs will be assigned to MCOs or not, to prevent confusion. Mark LeVota commented that the Subcommittee should make sure that quality of access is included in the MCO Network Adequacy discussion, and that the Subcommittee reviews external quality review reports and the MCO quality strategy from DHCF.

***DHCF Presentations***

Jordan Kiszla presented on how DHCF has expanded access to telehealth during the pandemic and how it has used a SUD Provider Capacity Grant to assist providers. Bill Hanna presented on new technology for outreach to beneficiaries and stakeholders through software. The slide decks are available at the meeting’s webpage on the DHCF website.

*Questions after Presentations*

*Q (Eric Scharf)*: What has been the year to year comparison on the number of total claims? How many health care visits did not happen as a result of the PHE?

*A*: DHCF does not have accurate enough data to estimate this yet. However, DHCF is working on a data product to address these questions right now and can anecdotally say that total claims are lower.

*Q (Dr. Barbara Bazron)*: State Mental Health and Substance Use Commissioners have been advocating for the continuation of "telephone only" services because of the positive outcomes related to patient access and retention. Is DHCF following the Federal government’s response to this request?

*A*: Yes -we have been following federal government action and all DC government work has been in line with federal guidance or gone beyond it.

*Q (Dr. Barbara Bazron)*: Does the data related to behavioral health telehealth services include all claims or just FFS? If both, can you break out FFS claims?

*A*: Yes -according to an internal dashboard, 75% of the behavioral health claims have been FFS.

*Q (Dr. Barbara Bazron)*: How many behavioral health providers are enrolled with the HIE?

*A (delivered after the meeting)*: xx,xxx

*Q (Ambrose Lane, Jr. and Barbara Bazron)*: What is the status of the consent management grant?

*A*: {Defer to Jordan}

*Q (Zenia Sánchez)*: Has the District sought funding from CMS to assist beneficiaries to access telehealth services as it has for providers? If not, will it seek funding?

*A*: Most CMS opportunities are provider-centric. However, the District recognizes the need to improve beneficiaries’ ability to access telehealth and will monitor an apply for appropriate opportunities.

*Q (Ambrose Lane, Jr.)*: What was the percentage of those using audio-only telehealth?

A: Unfortunately, we cannot tell that via our data system.

*Q: (Dr. Brian Choi)*: The National Public Health Emergency is set to expire on Oct 25. Should we be building into our expectations for another extension?

*A (not delivered at meeting)*: DHCF is prepared for the PHE to end or be extended. The end of the PHE will affect telehealth, the eligibility of beneficiaries who were enrolled at the beginning of the PHE, and more.

***Provider and Stakeholder Experience and Feedback on Access to Health Care Through Technology***

The meeting asked specific providers with experience with telehealth during the pandemic, along with stakeholders with experience doing outreach through technology to share their answers to the 2 questions. The following reflects their verbal testimony.

*Iona Health (Melissa Susser and Julia Pruitt)*

* For patients with memory loss issues, telehealth has impacted care in large ways
  + Specialists seem to be more available and easier to schedule
  + Families are more able to participate in medical consultations
  + It’s less of a hassle for patients who struggle to get out the door to attend appointments
* For those delivering services citywide, there are still gaps in telehealth access
  + Beneficiaries aren’t always comfortable entering a telehealth appointment
  + Digital and phone access affects who can make and use telehealth appointments
  + Utility bills are an issue, and may remain so even after the Mayor’s assistance

*DC Health Care Alliance (Ambrose Lane, Jr.)*

* DC’s outreach through technology tools isn’t enough
  + The Mayor announced 25,000 people will have their broadband paid today
    - Implies they couldn’t access information or telehealth before
    - There may be others that don’t qualify for the program
* DC should rely on trusted organizations, rather than directly through the agency
  + People don’t always get information where you expect it
    - Example: corner stores are more important than libraries in some respects
  + DHCF leadership has heard the need to rely on community intermediaries but hasn’t acted on that yet
  + Tamara: providers are ready to help disseminate information
  + Robert: Word about this should be passed along to the full MCAC, on how to use trusted spaces and community organizations to mediate

*Mark LeVota, DC Behavioral Health Association*

* DHCF deserves credit for making quick changes that affected DCBHA providers
  + Many providers would have lost beneficiaries who needed care during the pandemic
* Telehealth in the behavioral setting can often be the same care, just delivered in a different way
  + Has made it easier to see patients
  + Has reduced downtime between patients
* There are still meaningful obstacles to telehealth during the pandemic and beyond
  + Sicker people who need more care are less likely to use telehealth
  + Many people DCBHA serves can only receive care in-home or in-clinic
  + Patients experiencing homelessness or without access to internet or phones cannot access telehealth
* There are still technological issues with translation and 3 way calls for translators
* The Council has approved audio-only telehealth going forward
  + The PHE is likely to be extended so operationalizing this will be important

**Takeaways and Next Steps**

Robert will solicit Subcommittee feedback on the key questions related to access to health care through technology at the next meeting, as there was not enough time to open up discussion to the full group. Taylor will forward on concerns around the use of community groups to do outreach to the MCAC in advance of the full group’s next meeting.

***Adjournment:***

Subcommittee Chair Robert Hay, Jr. adjourned the meeting at 11:01 AM.